

**CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI**

Debtor: **Timothy Clarence Pittman** SSN: XXX-XX- **4627**
 Joint Debtor: _____ SSN: XXX-XX- _____
 Address: **P.O. Box 217 / 1543 Old Hwy 35 N**
Columbia, MS 36429

CASE NO. **16-50504-KMS**
 Median Income: ____ Above **XX** Below

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured and priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of **60** months, not to be less than 36 months for below-median income debtor(s), or less than 60 months for above-median income debtors(s).

- (A) Debtor shall pay \$ **733.00** monthly to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an order directing payment shall be issued to Debtor's employer at the following address:

PRIORITY CREDITORS. N/A

DOMESTIC SUPPORT OBLIGATION. N/A

HOME MORTGAGES. All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party-in-interest, the plan will be amended consistent with the proof of claim filed herein, subject to the start date for the continuing monthly mortgage payment proposed herein.

Mtg pmts to **Citi Financial** Beginning **May 2016** @ \$ **556.00** **XX** Plan ____ Direct
 Mtg arrears to **Citi Financial** Through **April 2016** \$ **5000.00** @ \$ **83.34** /mo

MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM: N/A

NON-MORTGAGE SECURED CLAIMS. N/A

* The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

SPECIAL CLAIMANTS including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

CREDITOR'S NAME	COLLATERAL	APPROX. AMT. OWED	PROPOSED TREATMENT
Pikco Finance	Household Goods	\$1600.00	Avoid Lien

STUDENT LOANS N/A

SPECIAL PROVISIONS N/A

GENERAL UNSECURED CLAIMS total approximately \$ **3203.00**. Such claims must be **timely filed** and not disallowed to receive payment as follows: _____ IN FULL (100%), _____ %(percent) MINIMUM, or a total distribution of \$ **0.00**, with the Trustee to determine the percentage distribution. **Those general/unsecured claims not timely filed shall be paid nothing, absent order of the Court.**

Total attorney fee charged: \$ **3200.00**
 Attorney fee previously paid: \$ **190.00**
 Attorney fee to be paid in plan: \$ **3010.00**

The payment of administrative costs and aforementioned attorney fees are to be paid pursuant to Court order and/or local rules.

Debtor's Initials **TCP** Joint Debtor's Initials _____ Chapter 13 Plan, Page 1 of 2

Automobile Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone/Email)

Paul B. Caston, MSB # 10086

P.O. Box 1742

Hattiesburg, MS 39403-1742

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E. paulcaston@gmail.com

DATED: **April 6, 2016**

DEBTOR'S SIGNATURE /s/ Timothy C. Pittman

JOINT DEBTOR'S SIGNATURE _____

ATTORNEY'S SIGNATURE /s/ Paul B. Caston

Debtor's Initials **TCP**

Joint Debtor's Initials _____

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